

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/308,830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4		/					54						
5							55						
6		/					56						
7		/					57						
8		/					58						
9							59						
10		/					60						
11							61						
12		/					62						
13							63						
14		/					64						
15							65						
16		/					66						
17							67						
18		/					68						
19							69						
20							70						
21							71						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						